

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery.

I also wish to receive the following services (for an extra fee):

1. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Phil Elias
P.O. Box 659
Bristow, OK 74010

4a. Article Number
P 055 800 915

4b. Service Type

- ☐ Registered ☐ Insured
- ☒ Certified ☐ COD
- ☐ Express Mail ☐ Return Receipt for Merchandise

Date of Delivery

4/16 1991

5. Signature (Addressee)

Signature (Agent)
Phil Elias

8. Addressee's Address (Only if requested and fee is paid)

PS Form 3811, November 1990 ★ U.S. GPO: 1991-287-068

DOMESTIC RETURN RECEIPT

UNITED STATES POSTAL SERVICE

Official Business



PENALTY FOR PRIVATE USE: \$300

P 055 800 915



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

Print your name, address and ZIP Code here

Don Markham
~~Stacy Bennett~~ (6SF-RA)

EPA Region VI
1445 Ross Avenue, Suite 1200
Dallas, TX 75202-2733

Sent to		Phil Elias
Street and No		P.O. Box 659
P.O. State and ZIP Code		Bristow, OK 74010
Postage	\$	
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to Whom & Date Delivered		
Return Receipt Showing to Whom, Date, and Addressee's Address		
TOTAL Postage & Fees	\$	
Postmark or Date		

PS Form 3800, June 1991

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